	CLAIMS ONLY		Application Number 09899189		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		51						
1					/			52						
2						/		53						
3					/			54						
4						/		55						
5					/			56						
6						/		57						
7						/		58						
8						/		59						
9						/		60						
10						/		61						
11						/		62						
12						/		63						
13						/		64						
14					/			65						
15						=		66						
16								67						
17					/			68						
18						/		69						
19						/		70						
20						/		71						
21						=		72						
22						/		73						
23								74						
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43								94						
44								95						
45								96						
46								97						
47								98						
48								99						
49								100						
50														
Total Indep					5			Total Indep						
Total Depend					14			Total Depend						
Total Claims					19			Total Claims						